

National Elder Abuse Multidisciplinary Team Summit Bibliography

Reports and Online Materials

Carlson, S., Franklin, D., R. Javoyne Hicks, Karen Howze, & Janice Martin. (2019). *Strategies And Training To Advance Greater Elder Safety (STAGES)*. OVC-Sponsored.

<https://www.justice.gov/file/1282631/download>

STAGES (Strategies and Training to Advance Greater Elder Safety) curriculum to educate teams of judicial, justice and community professionals about financial exploitation and elder abuse.

Developing an Elder Abuse Case Review MDT in Your Community. (2016). DOJ Elder Justice Initiative. <https://www.justice.gov/elderjustice/file/938921/download>

The goal of this guide is to encourage and facilitate the development and growth of elder abuse case review Multidisciplinary Teams (MDTs). In this guide, you will find information about MDT structures and functions, along with common issues with which a team will need to grapple in developing a case review MDT. There is no one way to create or maintain an MDT. Therefore, this guide offers a variety of ideas, sample materials, resources and tools intended to guide the development and sustainability of an MDT.

Drake, S. A. (2022, May 9). *Multidisciplinary Team Works to Reduce Preventable Deaths of Older Adults*. National Institute of Justice. <https://nij.ojp.gov/topics/articles/multidisciplinary-team-works-reduce-preventable-deaths-older-adults>

Elder abuse and neglect are serious yet preventable problems in the United States.

Approximately five million Americans are estimated to be victims of elder abuse and neglect each year, and just one in 24 cases are reported to authorities.[1] Victims often suffer from both elder abuse and neglect, so as I refer to elder abuse or neglect throughout this article, understand that it could very well mean both.

Elder Abuse Multidisciplinary Team Quick Start Guide. US Department of Justice.

<https://www.justice.gov/file/1284316/download>

The MDT Quick Start Guide highlights the most important steps needed to start an MDT in your area and provides links to the corresponding subject matter in our MDT Guide and Toolkit.

Keilitz, S., Uekert, B. K., & Jones, T. (2012). *Court Guide to Effective Collaboration on Elder Abuse*. National Center for State Courts.

https://www.eldersandcourts.org/_data/assets/pdf_file/0026/5399/court-collaboration.pdf

This guide provides an overview of court participation in multidisciplinary collaboration to more effectively address elder abuse, neglect and exploitation. The guide suggests ways that multidisciplinary partnerships can assist courts in effectively responding to individual cases and in improving systemic community responses to elder abuse. Examples of collaboration models are highlighted and online resources are provided.

Morano, C. (2022). *Elder Abuse Interventions Enhanced Multi-Disciplinary Team (E-MDT) Evaluation Final Report* (Children, Family & Elder Services Reports and Research Briefs). Center for Human Services Research, University at Albany.

<https://scholarsarchive.library.albany.edu/cgi/viewcontent.cgi?article=1025&context=chsr-cfes-reports-and-briefs>

The goal of the survey was to evaluate whether E-MDTs are effective at intervening in cases of elder abuse. The survey looked at the impact the E-MDTs have on elder abuse victims whose cases are referred to an E-MDT and the professionals who participate on the E-MDTs. It was sent to 955 identified E-MDT members across the state in the fall of 2021. There were 331 (35%) responses. The respondents included representatives from most of the 11 regions with the greatest representation coming from Regions 2, 3, and 10 (see Appendix A for a breakout of which counties are in each region). The majority of respondents indicated they are core members. Respondents identified as primarily female (75%), white (86%), non-Hispanic (91%), and college educated (91%). Although a majority of the respondents reflect an experienced workforce that has been employed in the field of elder abuse more than six years, it was noted that many of the respondents have only been involved specifically with the E-MDT Initiative for two or less years. This is not surprising, given the timing of this evaluation and the recent addition of E-MDTs in some of the regions.

Nichol, M. B., Wilber, K. H., Wu, J., & Gassoumis, Z. D. (2014). *Evaluating the Cost Effectiveness of the Elder Abuse Forensic Center Model*. NIJ-Sponsored.

<https://www.ojp.gov/pdffiles1/nij/grants/248556.pdf>

This report examines elder abuse forensic centers (EAFCs) and their use of a multidisciplinary team approach to address complex elder abuse cases. Elder abuse forensic centers (EAFCs) use a multidisciplinary team approach to address complex elder abuse cases. To date, no evaluation has assessed the cost for EAFCs to achieve their outcomes. This study evaluates the cost effectiveness of the Los Angeles County E AFC. We analyzed case files for 41 randomly selected cases seen at the Los Angeles County E AFC and 39 propensity-matched APS usual care cases from April 2007-December 2009 to obtain data on time spent processing cases and achieving outcomes. Salaries were obtained from publicly available sources and used to estimate case processing costs. Mean case processing costs are \$1,101.80 for the E AFC model and \$153.30 for usual care. The proportion of cases submitted to the public guardian is 39% for E AFC and 8% for usual care, which generates an ICOR of \$3,059.68. The ICOR indicates that an additional E AFC case submitted to the public guardian costs an additional \$3,059.68 over the cost of usual care. The proportion of cases that are granted conservatorship is 24% for E AFC and 3% for usual care, with an ICOR of \$4,516.67. The proportion of cases successfully prosecuted is 17% for E AFC and 0.2% for usual care, with an ICOR of \$5,645.83. There were no differences in recurrence rates within one year of case closure. These results indicate the E AFC model incurs greater case processing costs but yields large incremental differences in outcomes compared to usual care. This information can inform the sustainability of the model and the feasibility of replication across the U.S.

Smith, M., Nickodem, K., & Preston, K. (2024). *Adult Protection Multidisciplinary Team Toolkit*.

Adult Protection Network. <https://protectadults.sog.unc.edu/wp-content/uploads/2024/09/Merged-Toolkit.v3.pdf>

We are excited to provide you with access to the Adult Protection Multidisciplinary Team Toolkit. The primary purpose of the Toolkit is to provide accessible and practical tools that support the formation and operation of adult protection multidisciplinary teams (MDTs) in North Carolina. The Toolkit is a collection of sample documents that can be downloaded and adapted for local use. It includes planning worksheets, sample protocols, and templates that cover various aspects of an MDT's creation, growth, and rejuvenation.

Taylor, T., & Mulford, C. (2015). Evaluating the Los Angeles County Elder Abuse Forensic Center. *NIJ Journal*, 5. <https://www.ojp.gov/pdffiles1/nij/249222.pdf>

This article summarizes the methodology and findings of an evaluation of the cost-effectiveness of the Los Angeles County Elder Abuse Forensic Center (E AFC), which features a multidisciplinary professional team that reviews cases of elder abuse and addresses systemic issues in the criminal justice system that impede and impair the successful prosecution of such cases. The evaluation found that when compared with the traditional processing of such cases by the county's Adult Protective Services (APS) agency, the E AFC was more effective in increasing their prosecution, promoting safety through conservatorship where appropriate, and in reducing recurrence once a case has been closed. Although the operation of the E AFC was significantly more expensive than the traditional procedures for the APS' addressing of such cases, the evaluation considered it to be more cost effective when considering the human and financial costs of elder abuse. These costs include the risk of premature death, illness due to the abuse/neglect, the treatment of abuse-related injuries, and the increased likelihood of nursing-home and hospital expenses. The estimates are that more than 5 million people (1 in 10 persons over 60 years old) will experience neglect, financial exploitation, emotional mistreatment, physical abuse, and/or sexual abuse. The cost of elder abuse per year runs in billions of dollars and immeasurable physical and emotional suffering for victims. This evaluation thus concludes that the Los Angeles County E AFC is cost effective; however, the issue is whether society is willing to pay the additional cost per case compared to the traditional, less expensive, but significantly less effective processing of elder abuse cases.

Updates to the Elder Abuse Fatality Review Teams: A Replication Manual. (2019). American Bar Association. https://www.americanbar.org/groups/law_aging/resources/elder_abuse/elder-abuse-fatality-review-team-projects-and-resources/

Elder abuse fatality review teams review deaths resulting from or related to elder abuse to identify system gaps and improve victim services. *Elder Abuse Fatality Review Teams: A Replication Manual* (2005) raises the issues and challenges that a developing or ongoing team may face. It offers ideas for addressing those challenges that have been used by elder abuse, child abuse, or domestic violence fatality review teams. It discusses potential sources of funding and provides examples and analyses of key team documents prepared by elder abuse fatality review teams, such as mission statements, memoranda of understanding, policies, procedures, protocols, confidentiality forms, and data collection forms. Eleven charts updated or added in 2019, along with a variety of other resources, have made our EAFRT work even more helpful.

The Value of Participating on Elder Abuse Multidisciplinary Teams. (2024, February). [Video recording]. Elder Justice Initiative. <https://www.youtube.com/watch?v=IR5TKSIM3VE>
Elder abuse multidisciplinary teams (MDTs) are expanding across the country and yet not all communities are familiar with them. This session begins with a brief introduction to multidisciplinary teams (MDTs), followed by a presentation on the nature and functioning of tribal protection teams and jurisdictional challenges. Attendees then will learn from an experienced team about the value of participating on an MDT. A live demonstration will be provided by the Montgomery County Elder Abuse Multidisciplinary Team showing how MDTs function and the benefit to law enforcement investigations.

Wilber, K. H., Navarro, A. E., & Gassoumis, Z. D. (2014). *Evaluating the Elder Abuse Forensic Center Model*. NIJ-Sponsored. <https://www.ojp.gov/pdffiles1/nij/grants/246428.pdf>

Methodology and findings are presented for an evaluation of the Los Angeles County Elder Abuse Forensic Center, a multidisciplinary team intervention (MDT) that prosecutes elder abuse cases, protects vulnerable older adults through conservatorship, and reduces/prevents recurring elder abuse. The evaluation concludes that the elder abuse forensic center has improved outcomes for victims of elder abuse. Findings support the viability of the model introduced nationally through the Elder Justice Act (2010). The evaluation also provides a template for future implementation and a foundation for cost analyses. Elder abuse cases managed by the center had nearly nine times greater odds of being submitted to the district attorney's (DA's) office for review than cases managed by Adult Protective Services (APS). Although the proportion of cases filed by the DA was similar for the center and APS, because the center submitted more cases to the DA, they had greater odds of being filed. Of the cases filed, convictions were similar for the center and APS. Regarding conservatorship, a significantly higher number of center cases were referred to the Office of the Public Guardian (PG). Although the proportion of PG-referred cases determined to need a conservatorship was higher among those cases heard at the center, the difference was not statistically significant. Over twice as many center cases were recurring cases compared to the APS sample. From baseline, recurrence was significantly reduced to 24.6 percent; whereas, recurrence remained the same as baseline for APS cases. A quasi-experimental design was used for the evaluation. The cases reviewed involved victims ages 65 or older, and they were reviewed at the center between April 1, 2007, and December 31, 2009. Center cases (n=287) were compared to a propensity score matched sample of APS cases. 13 tables, 5 figures, 62 references, and appended study instruments

Journal Articles

Anetzberger, G. J. (2017). Elder Abuse Multidisciplinary Teams. In X. Dong (Ed.), *Elder Abuse: Research, Practice and Policy* (pp. 417–432). Springer International Publishing.
https://doi.org/10.1007/978-3-319-47504-2_19

Multidisciplinary teams have a long history as an intervention model for addressing elder abuse. Their continued importance, expansion, and diversification across more than a half century reflect the increasing number of disciplines and service systems involved in complex case situations and the need for collaboration to enable effective problem resolution. This chapter examines elder abuse multidisciplinary teams (M-teams) with respect to their many aspects, from functions and types to leadership and member roles to case selection and review. From the existing research and practice literature, salient findings are identified and integrated to illuminate a model seen as both beneficial and challenging to those involved in its implementation. Evaluative research to date generally suggests that the M-teams remain more a promising practice than evidence-based approach. Still, commitment to the model is widespread and has resulted in many calls for public policy to increase M-teams and better support their operations.

Baek, D., Elman, A., Gottesman, E., Shaw, A., Makaroun, L. K., Stern, M. E., Mulcare, M. R., Sullivan, M., Pino, C., McAuley, J., LoFaso, V. M., Chang, E.-S., Hancock, D., Bloemen, E. M., Tietz, S., Lindberg, D. M., Sharma, R., Clark, S., Lachs, M. S., ... Rosen, T. (2023). Initial Steps in Addressing the Challenges of Elder Mistreatment Evaluation: Protocol for Evaluating the Vulnerable Elder Protection Team. *BMJ Open*, 13(10), e071694.
<https://doi.org/10.1136/bmjopen-2023-071694>

Introduction: Although many programmes have been developed to address elder mistreatment, high-quality, rigorous evaluations to assess their impact are lacking. This is partly due to challenges in conducting programme evaluation for such a complex phenomenon. We describe here the development of a protocol to mitigate these challenges and rigorously evaluate a first-of-its-kind emergency department/hospital-based elder mistreatment intervention, the Vulnerable Elder Protection Team (VEPT).; Methods and Analysis: We used a multistep process to develop an evaluation protocol for VEPT: (1) creation of a logic model to describe programme activities and relevant short-term and long-term outcomes, (2) operationalisation of these outcome measures, (3) development of a combined outcome and (4) design of a protocol using telephone follow-up at multiple time points to obtain information about older adults served by VEPT. This protocol, which is informing an ongoing evaluation of VEPT, may help researchers and health system leaders design evaluations for similar elder mistreatment programmes.

Baek, D., Gottesman, E., Makaroun, L. K., Elman, A., Stern, M. E., Shaw, A., Mulcare, M. R., McAuley, J., LoFaso, V. M., Itzkowitz, J., Chang, E., Hancock, D., Bloemen, E. M., Lindberg, D. M., Sharma, R., Lachs, M. S., Pillemer, K., & Rosen, T. (2025). Long-Term Trajectories of Older Adults Served by an Emergency Department/Hospital-Based Elder Mistreatment Response Program. *Journal of the American Geriatrics Society*, 1.

<https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.19351>

ABSTRACT Background Methods Results Conclusions An emergency department (ED) visit or hospitalization provides an opportunity to identify elder mistreatment and initiate intervention, but this seldom occurs. To address this, we developed the Vulnerable Elder Protection Team (VEPT), a novel interdisciplinary consultation service. We explored the long-term trajectories of patients receiving VEPT evaluation and intervention. We followed up at multiple intervals for 12 months older adults seen by VEPT from 9/1/2020–3/27/2023 with high or moderate concern for mistreatment who were discharged to the community, an elder abuse shelter, or rehabilitation facilities. We collected information through telephone calls to the older adult and others involved. We also analyzed separately cases in which the patient re-presented to the ED/hospital with VEPT consultation during the follow-up period. A total of 157 older adults met criteria for follow-up, and 30 of these (16.4%) died within 12 months. At 1 month, elder mistreatment was no longer occurring in 47.5% and still occurring but reduced in 20.3%, with 29.7% having no contact with the perpetrator and 17.8% having reduced contact. At 12 months, elder mistreatment was no longer occurring in 60.9% and still occurring but reduced in 14.5%, with 34.8% having no contact with the perpetrator and 17.4% having reduced contact. During the 12-month follow-up period, 16 (10.2%) patients re-presented to the ED with VEPT consultation, with 12 having persistent concern for ongoing elder mistreatment. Reasons included older adults/caregivers not accepting intervention or being willing to separate as well as VEPT reliance on community-based agencies and programs after discharge. We observed improved post-discharge safety for elder mistreatment victims who engaged with the VEPT program, with this increased safety durable over 1 year. Re-presentations highlighted the complexity of elder mistreatment intervention. Overall, these findings demonstrate the potential value of an ED/hospital-based elder mistreatment response team, a promising new geriatric care model.

Bloemen, E., Elman, A., Baek, D., Gottesman, E., Shaw, A., Sullivan, M., Pino, C., McAuley, J., Tietz, S., Herman, S., Rachmuth, L., Chang, E.-S., Hancock, D., LoFaso, V. M., Stern, M. E., Lindberg, D., Clark, S., & Rosen, T. (2024). *Strategies for Dissemination of ED/Hospital Elder Mistreatment Response Team Model*. (Report No. 08946566; Journal of Elder Abuse & Neglect, Issue 4, pp. 350–366).

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2023.2297232>

Interdisciplinary Emergency Department/hospital-based teams represent a promising care model to improve identification of and intervention for elder mistreatment. Two institutions, Weill Cornell Medicine/NewYork-Presbyterian Hospital and the University of Colorado Anschutz Medical Campus have launched such programs and are exploring multiple strategies for effective dissemination. These strategies include: (1) program evaluation research, (2) framing as a new model of geriatric care, (3) understanding the existing incentives of health systems, EDs, and hospitals to align with them, (4) connecting to ongoing ED/hospital initiatives, (5) identifying and collaborating with communities with strong elder mistreatment response that want to integrate the ED/hospital, (6) developing and making easily accessible high-quality, comprehensive protocols and training materials, (7) offering technical assistance and support, (8) communications outreach to raise awareness, and (9) using an existing framework to inform implementation in new hospitals and health systems.

Bloemen, E., Elman, A., Tietz, S., Shaw, A., Lindberg, D., Gottesman, E., Hayes, J., Baek, D., Sullivan, M., Yasui, R., Pino, C., Mcauley, J., Hancock, D., Chang, E., Lofaso, V., Stern, M., & Rosen, T. (2024). Emergency Department and Hospital-based Programs Responding to Elder Mistreatment: Developing Consensus About an Idea Whose Time Has Come. *Journal Of Elder Abuse & Neglect*, 36(4), 339–349. <https://doi.org/10.1080/08946566.2024.2384400>

Elder mistreatment is common, serious, and under-recognized, with Emergency Department and hospital clinical encounters offering a potential but currently unrealized opportunity to identify and help older adults experiencing mistreatment. Interdisciplinary emergency department and hospital-based response teams represent a promising care model to address this. This manuscript describes two such teams and introduces a special issue dedicated to this work.

Breckman, R., Holt-Knight, D., Rachmuth, L., & Rivera, R. (2020). Advancing the Elder Abuse Work of Adult Protective Services Through Participation on Multidisciplinary Teams. *Generations*, 44(1), 67–73.

<https://www.ingentaconnect.com/content/asag/gen/2020/00000044/00000001/art00013>

Elder abuse multidisciplinary teams (MDT) are a person-centered intervention to help ameliorate elder abuse. Teams of professionals from across disciplines and systems aim to increase safety and reduce suffering and risk of harm to older victims at the earliest juncture via coordinated case reviews and tailored responses. Adult Protective Services (APS) is critically important to successful team functioning. APS benefits from involvement on the teams and the teams are made stronger by APS participation. This article offers lessons learned about involving and sustaining APS on multidisciplinary teams.

Burnes, D., Kirchin, D., Elman, A., Breckman, R., Lachs, M. S., & Rosen, T. (2020). Developing Standard Data for Elder Abuse Multidisciplinary Teams: A Critical Objective. *Journal of Elder Abuse & Neglect*, 32(4), 377–384.

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2020.1782301>

Multidisciplinary teams (MDTs) represent a prominent and growing form of elder abuse intervention in communities across the U.S. and around the world. Despite the proliferation and promise of MDTs as a model of elder abuse intervention, the field lacks infrastructure, including a standardized data collection strategy, to facilitate a coordinated and informed MDT effort. This commentary presents an exploratory study, which sought to examine existing strategies of case-level electronic data collection implemented by MDTs across the U.S. Using a snowball sampling strategy, we identified 11 MDTs using an electronic data collection strategy. Our analysis found a tremendous range in both the extent and nature of data collection across

MDTs, yet it identified common domains of data. A standardized MDT data collection strategy would benefit several MDT stakeholders, including coordinators tracking everyday operations, funders requiring reporting, and researchers conducting large-scale comparative research to identify best MDT practices.

Burnes, D., Connolly, M.-T., Salvo, E., Kimball, P. F., Rogers, G., & Lewis, S. (2023). RISE: A Conceptual Model of Integrated and Restorative Elder Abuse Intervention. *The Gerontologist*, 63(6), 966–973. <https://doi.org/10.1093/geront/gnac083>

Despite a growing number of elder abuse (EA) cases nationwide, response programs such as adult protective services (APS) lack a defined, prolonged intervention phase to address these complex situations. This article presents RISE, a model of EA intervention that works alongside APS or other systems that interact with at-risk older adults. Informed by an ecological-systems perspective and adapting evidence-based modalities from other fields (including motivational interviewing, teaming, restorative justice, and goal attainment scaling), the RISE model intervenes at levels of the individual older adult victim, individual harmer, their relationship, and community to address EA risk and strengthen systems of support surrounding the victim-harmer dyad. The RISE model addresses an intervention gap in existing systems to better meet the needs of EA victims and others in their lives, leading to more sustainable outcomes.

Burnett, J., Wasik, S., Cash, D., Olson, J., Medina, A., Pena, D., Hiner, J., & Cannell, M. (2024). A Collaboration Between Adult Protective Services and Forensic Accounting Examiners To Investigate Complex Financial Exploitation: Formative Evaluation Findings. *Journal of Elder Abuse & Neglect*, 36(3), 310–327. <https://doi.org/10.1080/08946566.2024.2315084>

Financial exploitation (FE) is one of the most common reports to Adult Protective Services (APS) and the cases are often complex. Consequently, APS caseworkers report FE investigations to be among the most difficult while simultaneously reporting low confidence in productive outcomes for these investigations. This necessitates finding ways to support APS FE investigations. This paper describes the structure, process, and formative findings of a collaboration between forensic accounting examiners and APS workers to investigate complex cases of FE. Among the 77 FE cases completed, forensic examiners reviewed multiple years of financial records which included over 101,000 transactions, totaling over \$213,000,000.00 in finances, and identified over \$8,000,000 in questionable activity. Scores on the 8-item Client Satisfaction Questionnaire were high indicating high program satisfaction by APS workers, subject matter experts, and forensic examiners. These findings support the feasibility and acceptability of forensic accounting and APS collaborations to investigate complex cases of FE.

Chang, E., Bloemen, E., Tietz, S., Lindberg, D., Elman, A., Gottesman, E., Baek, D., Hancock, D., Lofaso, V., McAuley, J., Sullivan, M., Pino, C., Rachmuth, L., & Rosen, T. (2024). ED/Hospital Program Contributions To Community Multi-Disciplinary Team Meetings: Different Models. *Journal of Elder Abuse & Neglect*, 36(4), 413–422.

<https://doi.org/10.1080/08946566.2024.2324315>

Elder mistreatment (EM) is a complex problem, with response and prevention requiring contributions from professionals from many disciplines. Community-based multi-disciplinary teams (MDTs) that conduct meetings to discuss challenging cases and coordinate services are a common strategy to ensure effective collaboration. Though they play an important role in EM identification, intervention, and prevention, hospitals and hospital-based healthcare professionals have been particularly difficult to engage in MDTs. Two hospitals in different communities recently launched Emergency Department (ED)/hospital-based response teams to consult in cases of potential EM, and both participate in MDTs. We explored similarities and

differences between the MDTs in these communities including in the role of the ED/hospital-based response team. The comparison demonstrates both core common features as well as large variations. These differences reflect different circumstances in the models on which they were based, on MDT development in these communities, available resources and infrastructure, and the ED/hospital program's role.

Daly, J. M., & Jogerst, G. J. (2014). Multidisciplinary Team Legislative Language Associated With Elder Abuse Investigations. *Journal of Elder Abuse & Neglect*, 26(1), 44–59.

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2013.782783>

Professionals from different disciplines providing care and services to persons at risk for or victims of elder abuse have formed various multidisciplinary teams (MDTs). The purpose of the study was to identify the adult protective services-related statutory trends in presence of MDT content and to determine the association of MDT legislation on the rates of reported, investigated, and substantiated domestic elder abuse. Aggregate reports of elder abuse and state statutes for 1999 and 2007 were retrieved from 50 states and the District of Columbia. Statutes of eight states in 2000 and nine in 2008 included text about MDTs. In 2007, investigation rates for those states having MDT text in the statutes were significantly higher than those states without. The incidence of MDTs in the country is unknown. Legislative text is but one factor associated with differences in elder abuse report, investigation, or substantiation rates.

Dauenhauer, J., Heffernan, K., Webber, K., Smoker, K., Caccamise, P., & Granata, A. (2020). Utilization of a Forensic Accountant To Investigate Financial Exploitation of Older Adults. *Journal of Adult Protection*, 22(3), 141–152.

<https://doi.org/10.1108/JAP-01-2020-0001>

Purpose The purpose of this paper is to describe the results of an online program evaluation survey conducted in the USA in 2018 which was designed to understand how members of an enhanced multidisciplinary team (E-MDT) use the expertise of a forensic accountant (FA) in suspected cases of elder financial exploitation. **Design/methodology/approach** This paper analyzes responses to an online survey from 54 E-MDT members. Narrative responses to open-ended questions were analyzed by using cross-case thematic analysis. Data from demographic questions and those with nominal response options were analyzed using descriptive statistics. **Findings** Overwhelmingly, the E-MDT members described how useful the FA's expertise and subsequent detailed reports are in helping determine whether financial exploitation is taking place and providing information needed to continue an investigation and pursue criminal charges. **Practical implications** The increasing longevity and sheer number of older adults present ongoing challenges in the fight to address financial exploitation. Findings suggest that FAs working with E-MDTs can help identify signs, collect evidence and help investigate cases of suspected financial abuse of older adults. The development of training programs focused on educating accountants to fill a need in a growing area of forensic accounting may be needed. **Originality/value** This paper adds to the growing evidence of multidisciplinary teams as an effective model for investigating cases of financial elder exploitation by focusing specifically on the expertise of an FA.

Deliema, M., Navarro, A. E., Moss, M., & Wilber, K. H. (2016). Prosecutors' Perspectives on Elder Justice Using an Elder Abuse Forensic Center. *American Journal of Criminal Justice : AJCJ*, 41(4), 780–795. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6186451/>

Prosecution is a rare outcome in elder financial exploitation. Previous studies have shown that elder abuse forensic centers–multidisciplinary teams that help investigate and respond to elder mistreatment–increase prosecution rates by enhancing teamwork across agencies. Research is

needed to identify what aspects of this intervention model lead to better elder justice outcomes. Six District Attorneys (DAs) were interviewed about their experiences working with other agencies at an elder abuse forensic center (the “Center”) and how participating in case discussions influenced their professional perspectives on elder abuse. Transcripts were analyzed qualitatively revealing three themes: (1) “goal-driven” versus “mission-driven” professional orientations; (2) role blurring; and (3) value added from participating in the Center team. Important factors for increasing rates of prosecution were: (1) having key decision-makers present at the meeting; (2) the forensic expertise provided by the geriatrician and neuropsychologist; and (3) cross-discipline learning. Influenced by the other disciplines, DAs sought goals beyond prosecution as the default approach to resolving elder financial abuse and advocated for interventions that could best respond to the victim’s needs, such as restitution or protection.

DePrince, A. P., Hasche, L. K., Olomi, J. M., Wright, N. M., & Labus, J. (2019). A Randomized-Control Trial Testing the Impact of a Multidisciplinary Team Response to Older Adult Maltreatment. *Journal of Elder Abuse & Neglect*, 31(4–5), 307–324.

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2019.1682097>

Forensic center multidisciplinary teams (MDTs) have emerged to address older adult maltreatment; however, little research is available on this approach. The current study employed a randomized-control design to test the impact of a victim-focused, forensic center MDT relative to usual care (UC) on older adult victim and criminal justice outcomes. Cases of abuse, neglect, and/or financial exploitation involving a perpetrator in a position of trust were randomly assigned to MDT or UC. Outcomes were assessed via interviews with older adult victims, system-based advocates’ surveys, and administrative data. According to system-based advocates, MDT had a better prognosis, higher across-agency coordination, and more types of engaged services relative to UC. Administrative data indicated low rates of APS case openings and prosecution. Findings provide support for continued use of MDTs following older adult maltreatment and highlight difficulties engaging older adults given the complex social and material circumstances often related to maltreatment.

Elman, A., Cox, S., Gottesman, E., Herman, S., Kirshner, A., Tietz, S., Shaw, A., Hancock, D., Chang, E.-S., Baek, D., Bloemen, E., Clark, S., & Rosen, T. (2024). The Critical Role of the Specialized Social Worker as Part of ED/Hospital-Based Elder Mistreatment Response Teams. *Journal of Elder Abuse & Neglect*, 36(4), 384–394.

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2023.2255742>

The emergency department and hospital provide a unique and important opportunity to identify elder mistreatment and offer intervention. To help manage these complex cases, multidisciplinary response teams have been launched. In developing these teams, it quickly became clear that social workers play a critical role in responding to elder mistreatment. Their unique skillset allows them to establish close connections with community resources, collaborate with various hospital stakeholders, support patients/families/caregivers through challenging situations, navigate the legal and protective systems, and balance patient safety and quality of life in disposition decision-making. The role of the social worker on these multi-faceted teams includes conducting a comprehensive biopsychosocial assessment, helping to develop a safe discharge plan, and making appropriate referrals, among other responsibilities. Any institution considering developing a multi-disciplinary program should recognize the critical importance of social work.

Galdamez, G., Avent, E., Rowan, J., Wilber, K. H., Mosqueda, L., Olsen, B., & Gassoumis, Z. D. (2018). Elder Abuse Multidisciplinary Teams and Networks: Understanding National Intervention Approaches. *Innovation in Aging*, 2(Suppl 1), 763.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6228882/>

Multidisciplinary teams are a cornerstone intervention in the elder abuse field, but the prevalence and effectiveness of different MDT models in the U.S remains unknown. In this study, we surveyed 508 elder abuse-related professionals across the country on their knowledge of existing elder abuse MDTs and networks. Preliminary findings show that elder abuse MDTs focus most on financial exploitation (90.8% of teams), followed by physical abuse (83.58%) and neglect by other (81.59%). The most common perceived barrier to MDTs was funding/resources (35.8% of teams), followed by time commitment (30.56%) and agency engagement (22.84%). As the first study to identify the prevalence and perceptions of different elder abuse MDT models, this research can be used to inform policy makers on effective elder abuse interventions and identify gaps to be filled through policy action.

Gassoumis, Z., Galdamez, G., Rowan, J., & Wilber, K. (2020). Elder Abuse Multidisciplinary Teams: Describing and Classifying a Key Collaborative Resource for APS Workers. *Innovation in Aging*, 4(Suppl 1), 696. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7742785/>

Elder abuse multidisciplinary teams (MDTs) are a key resource when APS workers address their most complex cases. MDTs promote coordination and information sharing, and provide access to highly specialized input and problem-solving from legal, health, social service, and financial fields. This paper characterizes the range of elder abuse MDTs across the U.S. We identified 324 MDTs in the U.S., which most frequently addressed cases of financial exploitation (90.8%), physical abuse (83.6%) and neglect (81.6%). Based on a follow-up survey, latent class analysis was used to determine closeness of a subset (n=91) to the elder abuse forensic center model, which has received much evaluation and policy attention. Twenty-six showed strong similarity to forensic centers, with 24 others showing partial similarity. Coupled with observations from site visits to 4 teams, findings can guide the development and evaluation of elder abuse MDTs to foster better interdisciplinary collaboration for APS workers. Part of a symposium sponsored by Abuse, Neglect and Exploitation of Elderly People Interest Group.

Horning, S. M., Wilkins, S. S., Dhanani, S., & Henriques, D. (2013). A Case of Elder Abuse and Undue Influence: Assessment and Treatment From a Geriatric Interdisciplinary Team. *Clinical Case Studies*, 12(5), 373–387. <https://doi.org/10.1177/1534650113496143>

Elder abuse is a pervasive problem that can have lasting emotional and physical consequences, increasing its victims' risk of mortality. Healthcare providers are frequently involved in the detection and intervention of elder abuse. Because of the complexity of these cases, applying treatment interventions within an interdisciplinary care team has been recommended to ensure older adults' safety and welfare. Psychologists in particular are frequently relied upon in these situations because of their expertise in cognitive, psychiatric, and capacity assessment, as well as their ability to intervene in a variety of difficult situations. The following is a report examining the case of Mr. B, who was a victim of elder abuse involving financial exploitation and undue influence. Assessment and treatment interventions were used within the context of an interdisciplinary care team, using a bio-psychosocial approach. A decision-tree model describing the steps to take in assessing and treating financial elder abuse is proposed.

Lewis, B. (2017). Houston and Harris County Develop Partnership To Combat Elder Abuse. *TechBeat Magazine*, 2.

https://justnet.org/InteractiveTechBeat/eTECHBEAT/eTechbeat_Jun_2017/content/pdf/eTechbeat_Jun_2017.pdf

This article describes the steps taken by the city of Houston and Harris County (Texas) to cooperate in addressing the financial and physical abuse of elderly persons (age 65 and older). Funded by a Federal Victims of Crime Act (VOCA) grant, the new Harris County Senior Justice Assessment Center has structured and guides a multidisciplinary team that includes the Houston Police Department, the Harris County Sheriff's Office, the Harris County Protective Services, the district attorney's office, the Area Agency on Aging, Harris County Health Services, the University of Texas Health Services, and others. The cooperation forged among these agencies developed from the realization that the senior population of the county lacked cohesive services and that relevant agencies often worked parallel investigations on the same cases without coordination. Using child-focused centers and a similar seniors' program in California as a model, the Senior Justice Assessment Center has developed defined roles and establishes processes and procedures that include determining whether a crime has been committed, assessing the client's mental capacity, and ensuring physical safety. The various stakeholders cooperate in creating and implementing plans tailored to each client's needs.

MacNeil, A., Connolly, M.-T., Salvo, E., Kimball, P. F., Rogers, G., Lewis, S., & Burnes, D. (2023). Preliminary Findings on the Use of "Teaming" in Elder Abuse Intervention: The RISE Project. *Journal of Adult Protection*, 25(6), 339–350.

<https://www.emerald.com/insight/content/doi/10.1108/jap-07-2023-0019/full/html>

Purpose: Our understanding of what intervention strategies are effective in improving the well-being of older adults experiencing elder abuse and self-neglect (EASN) is severely limited. The purpose of this study was to examine the use of a method called "teaming," a wraparound approach to provide enhanced social support to older adults experiencing EASN. A teaming intervention was administered by advocates in Maine, USA, as a component of a larger community-based EASN intervention, Repair harm, Inspire change, Support connection, Empower choice (RISE), implemented to complement adult protective services.

Design/methodology/approach: Qualitative interviews and a focus group were conducted with RISE advocates (n = 4). A descriptive phenomenological approach involving two independent assessors was used to code transcripts into themes and subthemes. Findings: Three domains were identified: (1) team and support forming process, which describes the development of a supportive network based on each client's needs; (2) techniques, which refers to the specific strategies advocates use to promote collectivity and shared responsibility around the client; and (3) implementation challenges, which discusses the difficulties advocates encounter when using teaming with people experiencing EASN. Originality/value: This study represents the first in-depth exploration of teaming in the context of EASN intervention. Preliminary findings on the experiences of advocates suggest that teaming is a beneficial approach to support the individualized needs of each client, and to promote improved and sustainable case outcomes for clients.

Makaroun LK, Halaszynski JJ, Rosen T, Haggerty KL, Blatnik JK, Froberg R, Elman A, Geary CA, Hagy DM, Rodriguez C, & McQuown CM. (2023). Leveraging VA Geriatric Emergency Department Accreditation to Improve Elder Abuse Detection in Older Veterans Using a Standardized Tool. *Academic Emergency Medicine : Official Journal of the Society for Academic Emergency Medicine*, 30(4), 428–436. <https://doi.org/10.1111/acem.14646>

Elder abuse (EA) is common and has devastating health impacts, yet most cases go undetected limiting opportunities to intervene. Older Veterans receiving care in the Veterans Health Administration (VHA) represent a high-risk population for EA. VHA emergency department (ED)

visits provide a unique opportunity to identify EA, as assessment for acute injury or illness may be the only time isolated older Veterans leave their home, but most VHA EDs do not have standardized EA assessment protocols. To address this, we assembled an interdisciplinary team of VHA social workers, physicians, nurses, intermediate care technicians (ICTs; former military medics and corpsmen who often conduct screenings in VHA EDs) and both VHA and non-VHA EA subject matter experts to adapt the Elder Mistreatment Screening and Response Tool (EM-SART) to pilot in the Louis Stokes Cleveland VA Medical Center geriatric ED (GED) program. The cornerstone of their approach is an interdisciplinary GED consultation led by ICTs and nurses who screen high-risk older Veterans for geriatric syndromes and unmet needs. The adapted EM-SART was integrated into the electronic health record and GED workflow in December 2020. By July 2022, a total of 251 Veterans were screened with nine (3.6%) positive on the prescreen and five (2%) positive on the comprehensive screen. Based on the first-year pilot experience, the interdisciplinary team was expanded and convened regularly to further adapt the EM-SART for wider use in VHA, including embedding flexibility for both licensed and nonlicensed clinicians to complete the screening tool and tailoring response options to be specific to VHA policy and resources. The national momentum for VHA EDs to improve care for older Veterans and secure GED accreditation offers unique opportunities to embed this evidence-based approach to EA assessment in the largest integrated health system in the United States.

Mariam, L. M., McClure, R., Robinson, J. B., & Yang, J. A. (2015). Eliciting Change in At-Risk Elders (ECARE): Evaluation of an Elder Abuse Intervention Program. *Journal of Elder Abuse and Neglect*, 27(1), 19–33. <https://www.tandfonline.com/doi/abs/10.1080/08946566.2013.867241>

The current study evaluated the effectiveness of a community-based elder abuse intervention program that assists suspected victims of elder abuse and self-neglect through a partnership with local law enforcement. This program, Eliciting Change in At-Risk Elders, involves building alliances with the elder and family members, connecting the elder to supportive services that reduce risk of further abuse, and utilizing motivational interviewing-type skills to help elders overcome ambivalence regarding making difficult life changes. Risk factors of elder abuse decreased over the course of the intervention and nearly three-quarters of participants made progress on their treatment goal, advancing at least one of Prochaska and DiClemente's (1983) stages of change (precontemplation, contemplation, preparation, action, and maintenance). Forty-three percent of elders moved into the stages of action and maintenance regarding their goal. The usefulness of eliciting change via longer-term relationships with vulnerable elders in entrenched elder abuse situations is discussed. Adapted from the source document.

Martinez, J. M., Homeier, D. C., Fowler, C., & Wilber, K. H. (2023). Conceptualizing Person-Centered Care in Elder Mistreatment Intervention: Use of a Well-Being Framework. *Gerontologist*, 63(6), 973–982.

<https://academic.oup.com/gerontologist/article/63/6/973/6847714>

Background and Objectives Person-centered care (PCC) applied to elder mistreatment interventions is an approach to include victim priorities. Although PCC may improve outcomes by supporting choice, victim preferences are often difficult to support, especially in high-risk situations. We studied the adaptation of PCC structures and process to a pilot intervention, aimed at including client preferences in a multidisciplinary team's plans to address complex elder mistreatment. Research Design and Methods Case study analysis was used to examine the process of integrating client priorities into a risk-reduction plan. A well-being framework was used to understand the relationship between safety and preferences. Purposive sampling identified a case study of a high-risk victim with history of refusing help who agreed to work

with the Service Advocate, a member of a multidisciplinary team. Results PCC required a relationship of trust, honed over several weeks by prioritizing the clients' perspective. Client preferences included remaining at home, continuing the relationship with the abuser, and maintaining a sense of mastery. Individualized definitions of "safety" were unrelated to elder mistreatment risk. Assistance included working with the suspected perpetrator, which is not offered by most elder mistreatment interventions, and resulted in some risk reduction. Reasons for refusing help were a desire for control and fear of loss of well-being assets. Discussion and Implications Individualized definitions of well-being should be considered in measuring intervention success. Future research could determine guidelines on what levels of elder mistreatment risk are acceptable, and how to monitor clients for safety while supporting autonomy.

Maxwell, C., Almanza, K., & Pickering, C. (2023). Coordinated Community Response to Prevent Elder Abuse, Neglect, and Financial Exploitation: Randomized Control Trial. *Journal of Experimental Criminology*, 19(4), 1067–1083. <https://doi.org/10.1007/s11292-022-09521-1> Objectives To test if the Community Complex Care Response Team (C3RT), a coordinated community response model, impacts the likelihood of abuse, neglect, and financial exploitation among at-risk community-dwelling older adults. Methods One hundred forty-six participants were randomly assigned to receive either the C3RT intervention (n = 74) or the standard practice (n = 72). Cox regression analyses were used to test whether the intervention delayed incidents of EANF victimization measured by when adult protective services opened an investigation, when the police recorded a victimization, and when a hospital admission took place. Results Assignment to the C3RT intervention program did not significantly delay incidents of EANF victimization indicator. Conclusions This C3RT approach did not produce the desired outcomes, though the project demonstrates that it is ethical and feasible to implement an RCT to test an intervention with vulnerable populations.

Navarro, A. E., Gassoumis, Z. D., & Wilber, K. H. (2013). Holding Abusers Accountable: An Elder Abuse Forensic Center Increases Criminal Prosecution of Financial Exploitation. *Gerontologist*, 53(2), 303–312. <https://academic.oup.com/gerontologist/article-abstract/53/2/303/561499> Purpose: Despite growing awareness of elder abuse, cases are rarely prosecuted. The aim of this study was to examine the effectiveness of an elder abuse forensic center compared with usual care to increase prosecution of elder financial abuse. Design and Methods: Using one-to-one propensity score matching, cases referred to the Los Angeles County Elder Abuse Forensic Center (the Forensic Center) between April 2007 and December 2009 for financial exploitation of adults aged 65 and older (n = 237) were matched to a population of 33,650 cases that received usual care from Adult Protective Services (APS). Results:1 Significantly, more Forensic Center cases were submitted to the District Attorney's office (DA) for review (22%, n = 51 vs. 3%, n = 7 usual care, p < .001). Among the cases submitted, charges were filed by the DA at similar rates, as was the proportion of resultant pleas and convictions. Using logistic regression, the strongest predictor of case review and ultimate filing and conviction was whether the case was presented at the Forensic Center, with 10 times greater odds of submission to the DA (Odds ratio = 11.00, confidence interval = 4.66–25.98). Implications: Previous studies have not demonstrated that elder abuse interventions impact outcomes; this study breaks new ground by showing that an elder abuse multidisciplinary team increases rates of prosecution for financial exploitation. The elder abuse forensic center model facilitates cooperation and group problem solving among key professionals, including APS, law enforcement, and the DA and provides additional resources such as neuropsychological testing, medical record review, and direct access to the Office of the Public Guardian.

Navarro, A. E., Wysong, J., DeLiema, M., Schwartz, E. L., Nichol, M. B., & Wilber, K. H. (2016). Inside the Black Box: The Case Review Process of an Elder Abuse Forensic Center. *The Gerontologist*, 56(4), 772–781. <https://doi.org/10.1093/geront/gnv052>
Preliminary evidence suggests that elder abuse forensic centers improve victim welfare by increasing necessary prosecutions and conservatorships and reducing the recurrence of protective service referrals. Center team members gather information and make decisions designed to protect clients and their assets, yet the collective process of how these case reviews are conducted remains unexamined. The purpose of this study is to present a model describing the interprofessional approach of investigation and response to financial exploitation (FE), a frequent and complex type of abuse of vulnerable adults. To develop an understanding of the case review process at the Los Angeles County Elder Abuse Forensic Center (Center), a quasi-Delphi field study approach was used involving direct observations of meetings, surveying team members, and review from the Center's Advisory Council. The goal of this iterative analysis was to understand the case review process for suspected FE in Los Angeles County. A process map of key forensic center elements was developed that may be useful for replication in other settings. The process map includes: (a) multidisciplinary data collection, (b) key decisions for consideration, and (c) strategic actions utilized by an interprofessional team focused on elder justice. Elder justice relies on a complex system of providers. Elder abuse forensic centers provide a process designed to efficiently address client safety, client welfare, and protection of assets. Study findings provide a process map that may help other communities replicate an established multidisciplinary team, one experienced with justice system outcomes designed to protect FE victims.

Ries, N. M., & Mansfield, E. (2018). Elder Abuse: The Role of General Practitioners in Community-Based Screening and Multidisciplinary Action. *Australian Journal of General Practice*, 47(4), 235–238. <https://search.informit.org/doi/abs/10.3316/informit.487300855351167>
Background: There are growing calls for elder abuse screening to be conducted by a range of community-based service providers, including general practitioners (GPs), practice nurses, home care workers and lawyers. Improved screening may be a valuable first step towards improving elder abuse detection and response; however, practitioners need evidence-based strategies for screening and follow-up.; Objective: This article summarises several brief screening tools for various forms of elder abuse. Screening tool properties and evidence gaps are noted. As elder abuse often requires multidisciplinary responses, initiatives to connect health, legal and other service providers are highlighted.; Discussion: GPs are trusted professionals who are well placed to identify older patients at risk of, or experiencing, various forms of abuse. They should be aware of available screening tools and consider how best to incorporate them into their own practice. They also play an important role in multidisciplinary action to address elder abuse.

Rizzo, V. M., Burnes, D., & Chalfy, A. (2015). A Systematic Evaluation of a Multidisciplinary Social Work-Lawyer Elder Mistreatment Intervention Model. *Journal of Elder Abuse & Neglect*, 27(1), 1–18. <https://www.tandfonline.com/doi/abs/10.1080/08946566.2013.792104>
This study introduces a conceptually based, systematic evaluation process employing multivariate techniques to evaluate a multidisciplinary social work-lawyer intervention model (JASA-LEAP). Logistic regression analyses were used with a random sample of case records (n = 250) from three intervention sites. Client retention, program fidelity, and exposure to multidisciplinary services were significantly related to reduction in mistreatment risk at case closure. Female gender, married status, and living with perpetrator significantly predicted

unfavorable outcomes. This study extends the elder mistreatment program evaluation literature beyond descriptive/bivariate evaluation strategies. Findings suggest that a multidisciplinary social work-lawyer elder mistreatment intervention model is a successful approach.

Rosen, T., Bloemen, E., Shaw, A., & Elman, A. (2024). Emergency Department/Hospital-Based Elder Mistreatment Response Teams. In M. L. Malone, M. Boltz, J. Macias Tejada, & H. White (Eds.), *Geriatrics Models of Care: Bringing "Best Practice" to an Aging America* (pp. 345–352). Springer International Publishing. https://doi.org/10.1007/978-3-031-56204-4_36

Elder mistreatment (EM) is an intentional action or failure to act that causes or creates a risk of harm to an older adult at the hands of a caregiver or a person they trust [1]. It includes physical, sexual, or verbal abuse, as well as neglect and financial exploitation, with victims often experiencing multiple forms of abuse concurrently or over time [2, 3]. EM occurs commonly, with an annual prevalence of 5–15% among community-dwelling older adults [2–5] and greater than 20% among long-term care residents [6–10]. The health and social consequences of EM are serious, including increased depression, dementia, exacerbations of chronic illness, and nursing home placement. However, only 1 in 24 cases are identified and reported to the authorities.

Rosen, T, Hargarten, S., Flomenbaum, N., & Platts-Mills, T. (2016). Identifying Elder Abuse in the Emergency Department: Toward a Multidisciplinary Team-Based Approach. *Annals Of Emergency Medicine*, 68(3), 378–382.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5391043/>

One part of the solution to the existing challenges in identifying elder abuse in the ED is to develop a team-based approach, leveraging the unique perspectives of emergency medical services (EMS) providers, triage providers, nurses, radiologists, radiology technicians, social workers, and case managers.

Rosen, Tony, Elman, A., Clark, S., Gogia, K., Stern, M. E., Mulcare, M. R., Makaroun, L. K., Gottesman, E., Baek, D., Pearman, M., Sullivan, M., Brissenden, K., Shaw, A., Bloemen, E. M., LoFaso, V. M., Breckman, R., Pillemer, K., Sharma, R., & Lachs, M. S. (2022). Vulnerable Elder Protection Team: Initial Experience of an Emergency Department-Based Interdisciplinary Elder Abuse Program. *Journal of the American Geriatrics Society*, 70(11), 3260–3272.

<https://doi.org/10.1111/jgs.17967>

Background An emergency department (ED) visit provides a unique opportunity to identify elder abuse and initiate intervention, but emergency providers rarely do. To address this, we developed the Vulnerable Elder Protection Team (VEPT), an ED-based interdisciplinary consultation service. We describe our initial experience in the first two years after the program launch. **Methods** We launched VEPT in a large, urban, academic ED/hospital. From 4/3/17 to 4/2/19, we tracked VEPT activations, including patient characteristics, assessment, and interventions. We compared VEPT activations to frequency of elder abuse identification in the ED before VEPT launch. We examined outcomes for patients evaluated by VEPT, including change in living situation at discharge. We assessed ED providers' experiences with VEPT via written surveys and focus groups. **Results** During the program's initial two years, VEPT was activated and provided consultation/care to 200 ED patients. Cases included physical abuse (59%), neglect (56%), financial exploitation (32%), verbal/emotional/psychological abuse (25%), and sexual abuse (2%). Sixty-two percent of patients assessed were determined by VEPT to have high or moderate suspicion for elder abuse. Seventy-five percent of these patients had a change in living/housing situation or were discharged with new or additional home services, with 14% discharged to an elder abuse shelter, 39% to a different living/housing situation, and

22% with new or additional home services. ED providers reported that VEPT made them more likely to consider/assess for elder abuse and recognized the value of the expertise and guidance VEPT provided. Ninety-four percent reported believing that there is merit in establishing a VEPT Program in other EDs. Conclusion VEPT was frequently activated and many patients were discharged with changes in living situation and/or additional home services, which may improve safety. Future research is needed to examine longer-term outcomes.

Rosen, Tony, Stern, M. E., Mulcare, M. R., Elman, A., McCarthy, T. J., LoFaso, V. M., Bloemen, E. M., Clark, S., Sharma, R., Breckman, R., & Lachs, M. S. (2018). Emergency Department Provider Perspectives on Elder Abuse and Development of a Novel ED-based Multidisciplinary Intervention Team. *Emergency Medicine Journal*, 35(10), 600–607.

<https://emj.bmj.com/content/35/10/600>

Background An ED visit provides a unique opportunity to identify elder abuse, which is common and has serious medical consequences. Despite this, emergency providers rarely recognise or report it. We have begun the design of an ED-based multidisciplinary consultation service to improve identification and provide comprehensive medical and forensic assessment and treatment for potential victims. **Methods** We qualitatively explored provider perspectives to inform intervention development. We conducted 15 semistructured focus groups with 101 providers, including emergency physicians, social workers, nurses, technologists, security, radiologists and psychiatrists at a large, urban academic medical centre. Focus groups were transcribed, and data were analysed to identify themes. **Results** Providers reported not routinely assessing for elder mistreatment and believed that they commonly missed it. They reported 10 reasons for this, including lack of knowledge or training, no time to conduct an evaluation, concern that identifying elder abuse would lead to additional work, and absence of a standardised response. Providers believed an ED-based consultation service would be frequently used and would increase identification, improve care and help ensure safety. They made 21 recommendations for a multidisciplinary team, including the importance of 24/7 availability, the value of a positive attitude in a consulting service and the importance of feedback to referring ED providers. Participants also highlighted that geriatric nurse practitioners may have ideal clinical and personal care training to contribute to the team. **Conclusions** An ED-based multidisciplinary consultation service has potential to impact care for elder abuse victims. Insights from providers will inform intervention development.

Rowan, J. M., Anetzberger, G. J., Homeier, D., & Galdamez, G. (2021). Elder Abuse Multidisciplinary Teams. In R. M. Factora (Ed.), *Aging and Money: Reducing Risk of Financial Exploitation and Protecting Financial Resources* (pp. 155–169). Springer International Publishing.

https://doi.org/10.1007/978-3-030-67565-3_12

Interventions for elder abuse come in myriad forms. Multidisciplinary teams offer the opportunity for the skills and perspectives of a variety of professionals to be brought to a unified forum to help provide solutions to the challenges encountered with elder abuse and financial exploitation cases. This chapter reviews the history, development, and evolution of elder abuse multidisciplinary teams. It also highlights some of the challenges that such teams face in maintaining their operation and points toward evolving research to help measure the success of such teams.

Take a Multidisciplinary, Team-based Approach on Elder Abuse. (2016). *ED Management : The Monthly Update on Emergency Department Management*, 28(7), 73–77.

<https://pubmed.ncbi.nlm.nih.gov/27439225/>

While EDs are well positioned to identify incidents of elder abuse, providers often miss the opportunity. Experts say providers find only one in every 24 cases, and that the pendulum must swing toward over-detection. Investigators acknowledge elder abuse is difficult to confirm, given that disease processes can explain some of the signs. Further, older adults are often reluctant to report abuse because they fear they will be removed from their homes or separated from their caregivers. Given the complexity involved with addressing the issue, investigators recommend EDs establish a multidisciplinary approach to the problem. Providing great care to a victim of elder abuse requires time and setting up a circumstance whereby one can actually communicate with the patient reliably and alone. While most states require providers to report suspected cases of elder abuse to Adult Protective Services, there is little evidence this requirement has incentivized more reports in the same way a similar requirement has prompted providers to report cases of suspected child abuse. Investigators advise ED leaders to train and empower every member of their team to identify potential signs of elder abuse.

Yonashiro-Cho, J., Rowan, J. M., Gassoumis, Z. D., Gironde, M. W., & Wilber, K. H. (2019). Toward a Better Understanding of the Elder Abuse Forensic Center Model: Comparing and Contrasting Four Programs in California. *Journal of Elder Abuse & Neglect*, 31(4/5), 402–423.

<https://www.tandfonline.com/doi/abs/10.1080/08946566.2019.1647326>

Resolving elder abuse, neglect, and self-neglect often requires the authority and expertise of multiple providers. Prior research of the elder abuse forensic center (FC) model, although limited, has indicated strong member support, increases in prosecution of abusers, and increases in conservatorship for those lacking capacity. This study expands on previous single-site research by conducting a cross-site multimethod evaluation of four established FCs to better describe the model and inform its replication with fidelity. Data were compiled from FC administrative data, site visits completed from 2011–2012, and a follow-up telephone interviews conducted in 2018. Site characteristics, processes, desired outcomes, and long-term sustainability were compared. All FCs had dedicated staff who convened a multidisciplinary team (MDT) of medical, legal, and social services providers to jointly engage in case review, consultation, and provision of supportive professional services. Similar results were observed across all sites in team effectiveness and member-perceived improvements in personal practice and inter-agency relationships. While three programs had unified philosophies and practice approaches, one employed a distinct model and was no longer in operation at follow-up. Commonalities in case characteristics, program structure, processes, and outcomes provide insight into the core model components and a foundation for continued program replication and standardization.